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I hereby revoke all previous powers of attorney given in the application identified in the attached statement under 37 CFR 3.73(b).					
I hereby appoint:					
Practitioners associated with the Customer Number	or:		45458		
OR Practitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used):					
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as attorney(s) or agenit(s) to represent the undersigned before the United States Patent and Trademark Office (USPTO) in connection with any and all patent applications assigned gnly to the undersigned according to the USPTO assignment records or assignment documents attached to this form in according with 37 CFR 3.73(b).					
Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to:					
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Assignee Name and Address:					
Cardiac Pacemakers, Inc. 4100 Hamline Avenue North St. Paul, MN 55112-5798					
A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/89 or equivalent) Is required to be filled in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filled.					

Richard R. Clapp Assistant Secretary for Cardiac Pacemakers, Inc. Titlo NESSISTATION OF CONTROL OF THE CONTR

SIGNATURE of Assignee of Record The individual whose signature and title is supplied below is authorized to act on behalf of the assignee

Signature

Name